



# 2017-2018 CHILDREN'S MINISTRIES REGISTRATION FORM

*Please complete the information on this form so that we can keep in touch  
and help ensure a positive experience for your child.*

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name & Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian Name & Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Name & Cell Phone: \_\_\_\_\_

Other people who are allowed to pick up my child (Name & Cell Phone):  
\_\_\_\_\_  
\_\_\_\_\_

Please read ALL of the following carefully, complete by circling Yes or No and sign:

1. In the event of an emergency, I consent to my child's receiving medical treatment deemed necessary by the examining physician and/or CUMC: **Y N**
2. I understand that Community United Methodist Church is not liable for any actions conducted by the above child should they leave a Community United Methodist Church-sponsored event before the scheduled ending time: **Y N**

Allergies/medical information or other concerns: *(All health information given will be kept confidential.)*  
\_\_\_\_\_  
\_\_\_\_\_

Special accessibility needed for your child's full participation:  
\_\_\_\_\_  
\_\_\_\_\_

What do you want us to know about your child's learning style?  
\_\_\_\_\_  
\_\_\_\_\_

CUMC sends a variety of electronic communication, including a church newsletter and a children's ministries newsletter. We consider communication to be an important part of our ministry. If you would not like to receive any email communications with us, please initial here: \_\_\_\_\_

Parent/Legal Guardian Name *(Print Clearly)* \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please complete the information on the reverse of this form and return it to the office.  
For any questions or more information, please contact Dawn at cumc.dawn@gmail.com*



## 2017-2018 CHILDREN'S MINISTRIES Picture and Video Policy

Community United Methodist Church uses photographs or video of some of its attendees to support and enhance its ministry. These might be rehearsed or posed photographs or videos, or they might be candid photographs and videos. Their purpose might be for use in worship services or other programs of the congregation, for advertising the ministries or programs of the congregation, or to post on the congregation's web site or on other web sites in which the congregation or its committees of related organizations participate. Group or individual photographs and videos might be used.

As much as possible, Community UMC wants to obtain specific permission from each person before using a photograph or video in which that person appears. You can assist the ministries of CUMC by allowing us to use the photographs and videos of you. If you are a parent or guardian of a person under 18 years of age, you must give your permission for us to use photographs and videos of your children/youth.

By signing your name below, you permit Community UMC to utilize photos and/or video images of your child(ren) for the reasons stated above. This permission applies to any photographs or videos taken during the 2017-2018 program/academic year.

Name of Child (*Print Clearly*) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please complete the information on the reverse of this form and return it to the office.  
For any questions or more information, please contact Dawn at [cumc.dawn@gmail.com](mailto:cumc.dawn@gmail.com)*